CLAIMS ONLY

Application Number	Filing Date
10/668583	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
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41				1		
42				1		
43				1		
44			1			
45				1		
46				1		
47			1			
48			1			
49						
50						
Total Indep			10			
Total Depend			38			
Total Claims			48			

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						